NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed $100,000 for each violation for each day the violation continues up to a maximum of $1,000,000 for any related series of violations as provided in 49 USC 60122. Form Approved OMB No. 2137-0522

U.S. Department of Transportation
Pipeline and Hazardous Materials Safety Administration

INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

Report Date _____
No. _____ (DOT Use Only)

INSTRUCTIONS

Important: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office Of Pipeline Safety Web Page at http://ops.dot.gov.*

PART A – GENERAL REPORT INFORMATION Check: ☐ **Original Report** ☐ **Supplemental Report** ☐ **Final Report**

1. Operator Name and Address

a. Operator's 5-digit Identification Number /___/___/___/___/___/

b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number /___/___/___/___/___/

c. Name of Operator _____

d. Operator street address _____

e. Operator address _____
City, County or Parish, State and Zip Code

2. Time and date of the incident

/___/___/___/___/ hr. /___/___/ month /___/___/ day /___/___/ year

3. Incident Location

a. _____
Street or nearest street or road

b. _____
City and County or Parish

c. _____
State and Zip Code

d. Latitude: /___/___/___/___/___/ Longitude: /___/___/___/___/___/
(if not available, see instructions for how to provide specific location)

e. Class location description
○ Class 1 ○ Class 2 ○ Class 3 ○ Class 4

f. Incident on Federal Land ○ Yes ○ No

4. Type of leak or rupture

○ Leak: ○ Pinhole ○ Connection Failure *(complete sec. F5)*

○ Puncture, diameter or cross section (*inches*)____

○ Rupture (if applicable):

○ Circumferential – Separation

○ Longitudinal

- Tear/Crack, length *(inches)* _____

- Propagation Length, total, both sides *(feet)* _____

○ N/A

○ Other: _____

5. Consequences *(check and complete all that apply)*

a. ☐ Fatality Total number of people: /___/___/___/

Employees: /___/___/___/ *General Public:* /___/___/___/

Non-employee Contractors: /___/___/___/

b. ☐ Injury requiring inpatient hospitalization

Total number of people: /___/___/___/

Employees: /___/___/___/ *General Public:* /___/___/___/

Non-employee Contractors: /___/___/___/

c. ☐ Property damage/loss *(estimated)* Total $_____

Gas loss $_____ Operator damage $_____

Public/private property damage $_____

d. ☐ Gas ignited ○ Explosion ○ No Explosion

e. ☐ Gas did not ignite ○ Explosion ○ No Explosion

f. ☐ Evacuation *(general public only)* /___/___/___/___/___/ people

Evacuation Reason:
○ Unknown
○ Emergency worker or public official ordered, precautionary
○ Threat to the public
○ Company policy

6. Elapsed time until area was made safe:

/___/___/ hr. /___/___/ min.

7. Telephone Report

/___/___/___/___/___/___/___/ NRC Report Number /___/___/ month /___/___/ day /___/___/ year

8. a. Estimated pressure at point and time of incident:

_____ *PSIG*

b. Max. allowable operating pressure *(MAOP):* _____ *PSIG*

c. MAOP established by:
○ Test Pressure _____ psig
○ 49 CFR § 192. 619 (a)(3)

PART B – PREPARER AND AUTHORIZED SIGNATURE

_____ (type or print) Preparer's Name and Title

_____ Area Code and Telephone Number

_____ Preparer's E-mail Address

_____ Area Code and Facsimile Number

_____ Authorized Signature

_____ (type or print) Name and Title

_____ Date

_____ Area Code and Telephone Number

PART C - ORIGIN OF THE INCIDENT

1. Incident occurred on
   - ○ Main ○ Meter Set
   - ○ Service Line ○ Other: _____
   - ○ Pressure Limiting and Regulating Facility
2. Failure occurred on
   - ○ Body of pipe ○ Pipe Seam
   - ○ Joint ○ Component
   - ○ Other: _____
3. Material involved *(pipe, fitting, or other component)*
   - ○ Steel
   - ○ Cast/Wrought Iron
   - ○ Polyethelene Plastic (complete all items that apply in a-c)
   - ○ Other Plastic (complete all items that apply in a-c)
     Plastic failure was: ☐ a.ductile ☐ b.brittle ☐ c.joint failure
   - ○ Other material: _____
4. Year the pipe or component which failed was installed: /__/__/__/__/

PART D – MATERIAL SPECIFICATION (if applicable)

1. Nominal pipe size *(NPS)* /__/__/__/__/ in.
2. Wall thickness /__/__/__/__/ in.
3. Specification _____ SMYS /__/__/__/__/__/__/
4. Seam type _____
5. Valve type _____
6. Pipe or valve manufactured by _____ in year /__/__/__/__/

PART E – ENVIRONMENT

1. Area of incident
   - ○ Under pavement ○ In open ditch
   - ○ Under ground ○ Above ground
   - ○ Inside/under building ○ Under water
   - ○ Other: _____
2. Depth of cover: _____ inches

PART F – APPARENT CAUSE

Important: There are 25 numbered causes in this section. Check the box to the left of the primary cause of the incident. Check one circle in each of the supplemental items to the right of or below the cause you indicate. See the instructions for this form for guidance.

F1 – CORROSION

If either F1 (1) External Corrosion, or F1 (2) Internal Corrosion is checked, complete all subparts a – e.

1. ☐ External Corrosion
2. ☐ Internal Corrosion

a. Pipe Coating
- ○ Bare
- ○ Coated
- ○ Unknown

b. Visual Examination
- ○ Localized Pitting
- ○ General Corrosion
- ○ Other: _____

c. Cause of Corrosion
- ○ Galvanic ○ Stray Current
- ○ Improper Cathodic Protection
- ○ Microbiological
- ○ Other: _____

d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?
○ No ○ Yes ○ Unknown Year Protection Started: /__/__/__/__/

e. Was pipe previously damaged in the area of corrosion?
○ No ○ Yes ○ Unknown How long prior to incident: /__/__/__/ *years* /__/__/ *months*

F2 – NATURAL FORCES

3. ☐ Earth Movement ⇒ ○ Earthquake ○ Subsidence ○ Landslide ○ Other: _____
4. ☐ Lightning
5. ☐ Heavy Rains/Floods ⇒ ○ Washouts ○ Flotation ○ Mudslide ○ Scouring ○ Other: _____
6. ☐ Temperature ⇒ ○ Thermal stress ○ Frost heave ○ Frozen components ○ Other: _____
7. ☐ High Winds

F3 - EXCAVATION

8. ☐ Operator Excavation Damage *(including their contractors)* / Not Third Party
9. ☐ Third Party Excavation Damage *(complete a-d)*
   a. Excavator group
   ○ General Public ○ Government ○ Excavator other than Operator/subcontractor
   b. Type: ○ Road Work ○ Pipeline ○ Water ○ Electric ○ Sewer ○ Phone/Cable/Fiber ○ Landowner ○ Railroad ○ Building Construction ○ Other: _____
   c. Did operator get prior notification of excavation activity?
   ○ No ○ Yes: Date received: /__/__/ mo. /__/__/ day /__/__/ yr.
   Notification received from: ○ One Call System ○ Excavator ○ General Contractor ○ Landowner
   d. Was pipeline marked?
   ○ No ○ Yes *(If Yes, check applicable items i – iv)*
   i. Temporary markings: ○ Flags ○ Stakes ○ Paint
   ii. Permanent markings: ○ Yes ○ No
   iii. Marks were *(check one)* ○ Accurate ○ Not Accurate
   iv. Were marks made within required time? ○ Yes ○ No

F4 – OTHER OUTSIDE FORCE DAMAGE

10. ☐ Fire/Explosion as primary cause of failure ⇒ Fire/Explosion cause: ○ Man made ○ Natural *Describe in Part G*
11. ☐ Car, truck or other vehicle not relating to excavation activity damaging pipe
12. ☐ Rupture of Previously Damaged Pipe
13. ☐ Vandalism

F5 – MATERIAL OR WELDS

Material

14. ☐ Body of Pipe ⇒ ○ Dent ○ Gouge ○ Wrinkle Bend ○ Arc Burn ○ Other: _____
15. ☐ Component ⇒ ○ Valve ○ Fitting ○ Vessel ○ Extruded Outlet ○ Other: _____
16. ☐ Joint ⇒ ○ Gasket ○ O-Ring ○ Threads ○ Fusion ○ Other: _____

Weld

17. ☐ Butt ⇒ ○ Pipe ○ Fabrication ○ Other: _____
18. ☐ Fillet ⇒ ○ Branch ○ Hot Tap ○ Fitting ○ Repair Sleeve ○ Other: _____
19. ☐ Pipe Seam ⇒ ○ LF ERW ○ DSAW ○ Seamless ○ Flash Weld
○ HF ERW ○ SAW ○ Spiral ○ Other: _____

*Complete a-f if you indicate **any** cause in part F5.*

a. Type of failure:

☐ Construction Defect ⇒ ○ Poor Workmanship ○ Procedure not followed ○ Poor Construction Procedures

☐ Material Defect

b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site? ○ Yes ○ No

c. Was part which leaked pressure tested before incident occurred? ○ Yes, *complete d-f, **if known*** ○ No

d. Date of test: /__/__/ mo. /__/__/ day /__/__/ yr.

e. Time held at test pressure: /__/__/ hr.

f. Estimated test pressure at point of incident: _____ *PSIG*

F6 – EQUIPMENT OR OPERATIONS

20. ☐ Malfunction of Control/Relief Equipment ⇒ ○ Valve ○ Instrumentation ○ Pressure Regulator ○ Other: _____
21. ☐ Threads Stripped, Broken Pipe Coupling ⇒ ○ Nipples ○ Valve Threads ○ Mechanical Couplings ○ Other: _____
22. ☐ Leaking Seals

23. ☐ Incorrect Operation

a. Type: ○ Inadequate Procedures ○ Inadequate Safety Practices ○ Failure to Follow Procedures ○ Other: _____

b. Number of employees involved in incident who failed post-incident drug test: /__/__/__/ Alcohol test: /__/__/__/

c. Was person involved in incident qualified per OQ rule? ○ Yes ○ No d. Hours on duty for person involved: /__/__/

F7 – OTHER

24. ☐ Miscellaneous, *describe:* _____
25. ☐ Unknown

○ Investigation Complete ○ Still Under Investigation *(submit a supplemental report when investigation is complete)*

PART G – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT *(Attach additional sheets as necessary)*

PRINT FORM